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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/511,821			ing Date 11/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A		
TO ⁻ (37	ΓAL CLAIMS CFR 1.16(i))		mir	minus 20 =		*		x \$ =		OR	x \$ =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = '	*			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	E FEE is	sheets of pap s \$250 (\$125 additional 50	er, the app for small e sheets or f	I drawings exceed 100 pplication size fee due II entity) for each r fraction thereof. See and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If t	the difference in col	umn 1 is less	than zero, ente	r "0" in colu		TOTAL			TOTAL				
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) Si									L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	02/21/2008	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 5	Minus	** 20		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		= 0		x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	NG	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If *** I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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